

Limited Income NET (LINET) Program overview



LINET: Overview and design

Overview:

- LINET is a Centers for Medicare & Medicaid Services (CMS) program that provides prescription drug coverage for Medicare beneficiaries who qualify for Medicaid, Supplemental Security Income (SSI) or Extra Help and have no prescription drug coverage.
- LINET Averages ~ 730,000 enrollments each year.
- LINET becomes a permanent part of Medicare on Jan. 1, 2024.

Design:

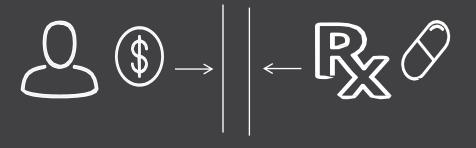
- Enrollment length is two months
- No premiums
- Copays based on Extra Help Level
- Formulary includes all Medicare Part D-covered drugs
- No pharmacy network restrictions
- Standard safety edits and limited prior authorizations
- Reimbursement available for out-of-pocket expenses during eligible periods
- Retroactive coverage available up to 36 months

| Extra Help Copays 2024 | | |
|------------------------|---------|---------|
| Extra Help Level | Generic | Brand |
| 1 | \$4.50 | \$11.20 |
| 2 | \$1.55 | \$4.60 |
| 3 | \$0 | \$0 |

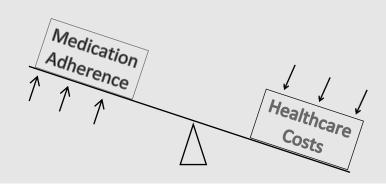
^{*} Copays subject to change annually

LINET: Program goals

Removing barriers to healthcare during transition periods



 Reducing healthcare costs related to poor medication adherence



Improving health outcomes for vulnerable populations







Improving beneficiary experiences as they navigate healthcare systems





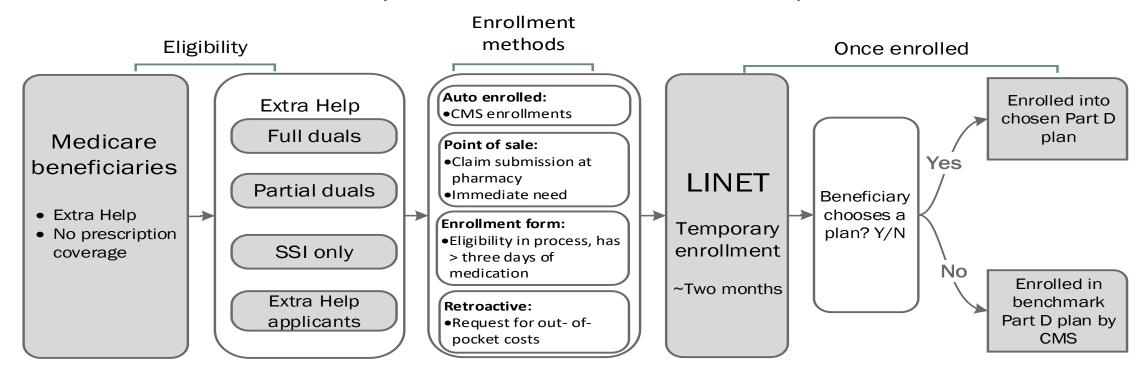






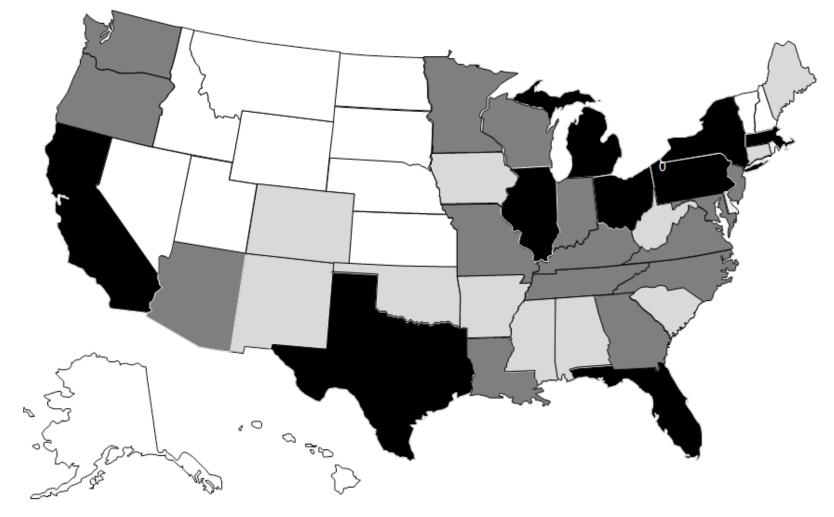
LINET: Eligibility and enrollment overview

- Eligible for Medicare Part D and Medicaid, SSI or Extra Help
- Enrollment methods
 - Auto enroll: enrolled by CMS via communication by state Medicaid
 - Point of sale: initiated at the pharmacy counter by claim submission
 - Enrollment form is used for new enrollments and those requesting an immediate need.
 - Retroactive: enrolled by retroactive reimbursement request



LINET enrollment by state

| LINET Enrollments | | |
|-------------------|--|--|
| 20,000+ | | |
| 10,000 – 19,999 | | |
| 4,000 – 9,999 | | |
| < 3,999 | | |



- ~ 7% of the Dual population is enrolled in LINET each year
- > 10 million beneficiaries enrolled since 2010

LINET: Requesting retroactive reimbursement

- Reimbursement process
 - Beneficiaries who have paid out of pocket for prescriptions during eligible periods can request reimbursement from LINET in the following manner:
 - Complete the online reimbursement form at Humana.com/LINET.
 - Direct link to form: Apps.Humana.com/Marketing/Documents.asp?file=3792139
 - Please include all relevant pharmacy receipts
 - Once completed, mail or fax form and receipts to:

Limited Income NET Program

P.O. Box 14310

Lexington, KY 40512-4310

Fax: 877-210-5592

LINET: For more information

Advocacy line: 866-934-2019

- Dedicated line for State Health Insurance Assistance Program (SHIP), caseworkers, ombudsmen and other advocates
- Goes directly to support team without navigating recordings and selections

Help desk: 800-783-1307

- Pharmacies and beneficiaries
- Monday Friday, 8 a.m. 7 p.m., Eastern time

Online: Humana.com/LINET

- Program literature and forms
- Recorded advocate training at LINET Program overview (brainshark.com)

Email:

- LINET mailbox: LINEToutreach@Humana.com
 - Request group training
 - Program suggestions or escalations
- CMS mailbox: MedicareLINET@CMS.hhs.gov

Bank Identification Number (BIN): 015599

Processor Control Number (PCN): 05440000

Thank you for your time and interest in LINET!